Additional Information
2007 Benefit Plans & Premium Tables

Inside is some information on AccessTN. We've also included things that we hope will help you fill out your application. The booklet is arranged by sections in the same order as the application:

Forms are also available on the web at www.AccessTN.gov if you need more. But remember – help with the application is available.

Call 1-866-636-0080 toll free if you have questions or need help with the application.

Our mailing address for completed applications is:

AccessTN
c/o BlueCross BlueShield of Tennessee, Inc.
801 Pine Street
Chattanooga TN 37402

AccessTN is a program of the State of Tennessee. The health plans are administered by
BlueCross BlueShield of Tennessee, Inc. – an Independent Licensee of the BlueCross BlueShield Association

AccessTN Health Coverage
State of Tennessee • Department of Finance and Administration

Return applications to:
801 Pine Street, Chattanooga TN 37402
AccessTN is administered by BlueCrossBlueShield of Tennessee, Inc.
- an Independent Licensee of the BlueCrossBlueShield Association

Additional Information

What is AccessTN?

AccessTN is a health insurance program sponsored by the State of Tennessee for people who can't get other coverage because of their medical conditions. When we say "coverage," we mean health insurance. We'll use "Plan" as short for AccessTN, including those companies we use to administer services such as enrollment, claims payment, or premium assistance.

In these and other Plan papers, we'll use plural words like "we" or "our" or "us" to mean AccessTN. We'll use individual words like "you" or "I" for the applicant, a person applying for coverage. We may also use "member" to refer to a person enrolled in AccessTN. When we say "health facts," we mean personal health information – your health history and other facts that identify you like your name and date of birth.

Anytime we say that something is available at www.AccessTN.gov, you can also get that information by calling toll free to 1-866-636-0080, which is the customer service line for the AccessTN plan administrator, BlueCross BlueShield of Tennessee, Inc. Information is available on their website at www.bcbst.com. You can find AccessTN information under the Plan Options tab at the top of the page.

What is insurance?

AccessTN is insurance. Insurance is a term we will emphasize. First, it is NOT TennCare, a medical assistance program regulated by federal Medicaid guidelines. It is not Medicare either.

Insurance is a contract arrangement in which you pay a set fee (a premium) to receive coverage for a set schedule of medical and health services (benefit plan). The premium is based on the Plan's professional estimate of what those services will cost. "Covered services" are simply those the Plan covers, or pays for. Please take some time to review page 4 showing the different options in benefit plans – Plans 1000, 2500, and 5000.

You should also understand that insurance will not pay for other services, called "non-covered services." If you have these services done, you will have to pay these claims yourself, even if a doctor prescribes them. That's why it's important to choose your benefit plan carefully and know what services we will and will not cover.

Who pays for AccessTN?

Our members may have serious health conditions and tend to have more medical claims. Our premiums are higher than commercial rates but still may not cover actual Plan costs. State funds and contributions from other health plans in the state will help pay part of the losses of AccessTN. State funds have also been provided to help members with premium payments, based on income.

We will enroll only the number we think the Plan can pay for. We look forward to providing AccessTN coverage. We are part of the Cover Tennessee family of state programs to help Tennesseans improve their access to health insurance and to medical care.

Section A: Applicant Information

We need information about you to know how to contact you and to confirm that you qualify for the program. We realize this is your personal health information (PHI) and must be handled carefully. Some call this your "health facts" but it also includes other information that identifies you, like your date of birth, or street address. We and those companies that provide AccessTN services will only use it as state laws and privacy rules permit.

More information about how we will use your information is in Sections H and I of the application. Please read those sections carefully when you sign the form.

Section B: What are the benefit plan options?

AccessTN has three different benefit plans, with the Plan name based on its "deductible." A deductible is the dollar amount of covered services you pay for before the Plan begins paying. Page 4 shows a general listing of services for each. More detailed information on covered services, their limits, and exceptions is in the Plan Document. All benefit plans are subject to change by the AccessTN Board.

- Plan 1000 has a $1000 deductible and, after premiums, requires you to pay the least amount of dollars out-of-pocket before the Plan starts paying 100% of most services. It is also the only benefit plan offering premium assistance, if you qualify.
- Plan 2500 has a $2500 deductible and is the only plan eligible for use with a health savings account (HSA). There's more information on HSAs below.
- Plan 5000 has a $5000 deductible. This is sometimes called "catastrophic" coverage for those who plan to pay most medical expenses on their own, but are looking for coverage for unexpected or unusually high medical expenses from a disease or injury.

Our current options are all based on a PPO (preferred provider organization) design. This means that the Plan contracts with a "network" of doctors, hospitals and other health providers. They agree to be paid a set amount for each covered service. They will not collect more from you than a pre-set share of the claim, called "co-insurance." This member share is frequently 20% in our benefit plans.

Services from "out-of-network" providers have a higher member share, frequently 40%. Those non-network providers can also charge you more than the Plan's "maximum allowed charge" (MAC). Look at the provider directory on www.bcbst.com or call 1-866-636-0080 to see if your current doctors are "in-network."

What is a health savings account?

A "health savings account" (HSA) is an individual account given special tax treatment to save for current and future medical expenses. HSAs have special rules and can only be used with a qualified high-deductible insurance plan. AccessTN will not offer the health savings account. We will offer the qualifying high deductible plan – Plan 2500 – that allows you to enroll in an HSA. You can start the HSA at banks, credit unions, and insurers.

High-deductible plans for HSAs require you to pay out-of-pocket for the deductible plan without the exceptions permitted by Plans 1000 and 5000 for pharmacy, preventive care allowance and mental health counseling. See www.ustreas.gov or IRS Publication 969 for more information on HSAs.

AVAILABLE BENEFIT PLANS

Regular AccessTN category subject to 6 months pre-existing conditions waiting period, see rates page 6

TennCare Portability category not subject to any pre-existing conditions exclusion, see rates page 8

AccessTN OUTLINE OF PPO MEDICAL BENEFITS (see Plan Document for more detail)	**Plan 1000 "premium assistance-eligible"**	**Plan 2500 "health savings account-eligible"**	**Plan 5000 "catastrophic coverage"**
PREVENTIVE CARE ALLOWANCE	100% In-Network	100% In-Network	100% In-Network
This is first dollar coverage for wellness care such as an annual physical, not subject to deductible or co-insurance.			
DEDUCTIBLE per plan year: In-network Out-of-network	$1,000 $2,000	$2,500 $2,500	$5,000 $10,000
Covered Expenses, as specified Plan Document, subject to maximum allowable charge (MAC)	80% in-network 60% out-of-network	80% in-network 60% out-of-network	80% in-network 60% out-of-network
Prescription Drugs – subject to additional limitations Pharmacy not subject to deductible - Plans 1000 & 5000	No deductible for outpatient drugs	Deductible applies to drugs	No deductible for outpatient drugs
Generic Drugs	$10 co-pay (cost if less)	20 % co-insurance subject to deductible, and out-of-pocket limit;	$15 co-pay (cost if less)
Preferred Brand Drugs	25% co-insurance – min. of $25, max. of $50		30% co-insurance – min. of $30, max. of $75
Non-Preferred Brand Drugs	50% co-insurance –min. of $50, max. of $100	Non-preferred brands are <u>not</u> covered.	60% co-insurance - min. of $60, max. of $150
Maternity benefits	12 month waiting period	12 month waiting period	12 month waiting period
Chiropractic benefits	Subject to guidelines	Subject to guidelines	Subject to guidelines
Emergency services (in-network or out-of-network)	80% of reasonable charges	80% of reasonable charges	80% of reasonable charges
Emergency Room co-payment per visit – waived if admitted (Note: co-payment required even if out-of-pocket expenses have been met, except HSA)	$50 co-payment per visit in addition to co-insurance	subject to deductible and co-insurance requirements	$75 co-payment per visit in addition to co-insurance
Maximum Annual Out-of-Pocket Expense (does not apply to pharmacy – except for Plan 2500; does not apply to out-of-network services or to ER co-pays)	$5,000	$5,000	$10,000
Maximum Annual Benefits, except for organ transplant	$120,000	N/A	$100,000
Supplemental Organ Transplant benefit	$100,000	$100,000	$100,000
Maximum Lifetime Benefits - subject to prior benefits incurred in another state high risk pool(s)	$1,000,000	$1,000,000	$1,000,000
Substance Abuse Treatment Limitations	Lifetime maximums: Two inpatient stays – maximum of 28 days per stay. Two inpatient stays for detoxification – maximum of 5 days per stay.		
ANNUAL LIMITS FOR SPECIFIC BENEFITS			
Pharmacy		$50,000 max	
Inpatient - non-emergent service must be preauthorized		45 days	
Inpatient Rehabilitation Facility		45 days	
Outpatient Rehabilitation Facility	45 days	45 days	45 days
Outpatient Physical Therapy, Occupational Therapy, Speech Therapy	45 sessions subject to Plan guidelines	45 sessions subject to Plan guidelines	45 sessions subject to Plan guidelines
Skilled Nursing Facility (Following approved hospitalization. Prior authorization required.)	45 days	45 days	45 days
Home Health Care	30 visits	30 visits	30 visits
Durable Medical Equipment	$3,000 Max	$3,000 Max	$3,000 Max
Inpatient Mental Health/ Substance Abuse	30 days	30 days	30 days
Outpatient Mental Health/ Substance Abuse	45 sessions	45 sessions	45 sessions

Benefit Plans subject to change by AccessTN Board. Plan reimbursement based on the maximum allowable charge (MAC). You will be responsible for the deductible and any applicable co-payment or co-insurance amounts. If non-network providers are used, you will also be responsible for payment of charges above the MAC.

Section C: How do I figure my premium?

We will calculate your premium. Section C of the application does require you to provide some information about your weight and whether you smoke. AccessTN premiums provide a discount to those whose weight is at or below target weights listed in the table on the next page. And premiums are higher for those who smoke. It is a good idea to estimate what your premium will be. Pick a health benefit plan to fit your budget, including the premium, with the plan's deductible and co-insurance.

If you are not applying for premium assistance, pick the benefit plan (1000, 2500, or 5000) you are choosing for your eligibility category, and use that premium table for your premium. Premium tables for regular AccessTN begin on page 8 of these instructions or on page 10 for the TennCare Portability category. Then follow the instructions on those pages.

Section E has information on the difference between regular AccessTN and the TennCare Portability category. **Remember that people who were in TennCare may be eligible for either category**. .

If you are applying for premium assistance for Plan 1000, go to premium assistance tables for regular AccessTN on page 9 of these instructions or on page 11 for the TennCare Portability category. Find the column that matches your household size and family income in the Income Guidelines table at the top of that page. Next, go to the bottom of that column to find the correct "__ % Level of Premium Assistance- Applicant Pays" table for your income and family size. Then follow the other steps listed on those pages to find your premium on that table.

What premium assistance is available?

If you have a family income of $60,000 or less, you can apply for help in paying your premiums. You should be prepared to pay your share of the premium each month. During the year, you will also need to pay your deductible and your portion of all claims, called co-insurance. The schedule of some of these expenses is on page 4 of this booklet.

Plan rules require that you tell us if you get help paying your share of the premium from anyone other than family and friends. But the rules allow a church or foundation to help if you let us know. Doctors, hospitals, or drug companies are not allowed to pay your share of the premium.

Anyone can help with costs other than premiums. Plan rules do not restrict who can help you with co-insurance, deductibles, or payments for services not covered by the Plan.

On the application, "Income" means money you have to pay federal taxes on, before taking standard and itemized deductions on your tax form. This income number includes wages, bonuses and other earnings. Income includes interest, pensions, unemployment compensation, alimony you get, business income, or social security payments (to the extent they are taxable) but does not include alimony you pay or supplemental security income (SSI) payments. If you use Form 1040 to pay taxes, the income number we use is at the top of page 2 (line 38**)** of your taxes**.** IRS calls it "Adjusted Gross Income" (AGI). We use IRS rules, which can be found at www.irs.gov.

"Family" or "Household" means you and all of your children at home or anyone you live with that the IRS lets you count as a dependent on yours or your spouse's tax return.

See information on premium assistance on page 9 of this booklet for regular AccessTN and on page 11 for the TennCare Portability category. For both eligibility categories, premium assistance is only available for Plan 1000.

Section D: How do I qualify as "uninsurable"?

We are here to offer health coverage to those who can't get other insurance. You must show that you are uninsurable to qualify for either the regular AccessTN category or the special TennCare Portability category. Even if you were in an "Uninsurable" category of TennCare, you must qualify according to our Plan guidelines. You can do this 1 of 3 ways listed below. Use only one.

1. Denial of Coverage Due to Health Reasons by 2 Health Insurers.
2. Medical Underwriting by AccessTN (requires an extra fee of $75.00)
3. Diagnosed with One or More of the Medical Conditions listed in the application on page 2

The application has more information on how to use these options.

Section E: Eligibility- how do I show that I am eligible for AccessTN?

We will begin by enrolling for two eligibility categories:

1. "AccessTN" – this is the regular category that most will use, including many who were on TennCare.

   You can find the premium rates for this category beginning on page 8 of this booklet. Plans 1000, 2500, and 5000 for this category all have a 6 month waiting period before we pay claims on any medical conditions you had at the time you enroll, called "pre-existing conditions." All plans also have a 12 month waiting period for maternity coverage. Everyone who qualifies for this category must have been without other health insurance for 6 months prior to AccessTN.

2. "TennCare Portability" – this special category is only for someone who purchased a HIPAA plan after being disenrolled from TennCare.

   Rates for Plans 1000, 2500, and 5000 for this category begin on page 10 of these instructions. This eligibility category is only available for a limited time, currently July 31, 2007 unless extended by the AccessTN board. You do not need to have been without insurance for 6 months for this eligibility category. The rates for this category are higher, but are not subject to any waiting period for pre-existing conditions. However, all plans for this TennCare Portability category still have a 12 month waiting period for maternity coverage.

The additional rules for regular AccessTN and for TennCare Portability are listed in the application, including that you must be a U.S. citizen or belong to one of several specific categories of legal aliens. For either category, you will also need to send 2 kinds of proof where you have lived in Tennessee for the last six months. This proof can be copies of your driver's license, your lease, or your utility bills, or other documents listed at www.AccessTN.gov.

Section F: Other Insurance Coverage

AccessTN requires that you give complete insurance coverage information. AccessTN may return incomplete applications. We will use it to see if you meet our eligibility requirements.

AccessTN is insurance for those who cannot get health coverage elsewhere. We cannot cover those who are able to get other coverage, such as through an employer or spouse's employer. Plan rules require that you let us know if you have other coverage or are able to get other coverage after you qualify for AccessTN. Not all types of insurance (short-term coverage or indemnity) will disqualify you from eligibility for AccessTN.

Section G: Protected Health Information

Protected Health Information (PHI) means facts and records about your health. This information may include:

- claims records
- correspondence
- medical records
- billing statements
- diagnostic imaging reports
- laboratory reports
- dental records
- hospital records (including nursing records and progress notes)
- your address and date of birth

Federal and state laws protect the privacy of your health facts. Privacy rules say AccessTN or your health providers can't give others information about you unless you give permission. These rules permit us to use this information for your health care, including AccessTN operations such as eligibility and enrollment**.** When you sign your application, you are giving your authorization for your providers or employers or others you name in the application to provide AccessTN information about you as part of your health plan enrollment. This includes TennCare if you were ever enrolled in TennCare.

Section H: Health History

This information will help AccessTN plan for your health care. Please provide answers to the questions listed on pages 6 and 7 of the application. A five year time period and more medical conditions are listed to help identify more of your needs for care management. You can make copies of the form or use a blank page if additional pages are needed. **You must print your name, sign and date any pages used in addition to the application.**

Sections I & J: Statement of Understanding and Affirmation & Applicant Signature

By signing in Section J you are stating that you understand and affirm all the information in the application. Please take the time to read this information carefully.

Section K: Persons, if any, who helped you fill out this application

This section is for the applicant to provide the information required if a friend, family member or advocate helped to complete the application. Legal guardian or conservator information is not required.

Separate optional forms and applications available at www.AccessTN.gov or 1-866-636-0080

Optional Application for State Premium Assistance – for use with Plan 1000

Attending Physicians Statement – for your doctor to use to report diagnosis, medical billing codes, and treatment history on any of the 55 medical conditions listed on page 2 of the application. You must attach it or a letter with the same information to your application if you are using that way to qualify.

List of Tennessee Individual Health Insurers – Two (2) denial letters from any of these insurers may be used to qualify you as uninsurable. They must be letters from the companies, not from agents.

Supplemental Health History Page – if you need extra pages to complete your health history in Section H. You can also use regular paper but be sure to sign and date each page and attach.

Premiums for the regular AccessTN eligibility category

Plan 1000: $1,000 deductible

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$387	$445	$430	$494
30-39	$450	$517	$500	$574
40-49	$546	$628	$607	$698
50-59	$649	$747	$722	$830
60-64	$766	$881	$851	$979
65+	$904	$1,040	$1,005	$1,156

Plan 2500: $2,500 deductible (HSA eligible)

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$318	$366	$353	$406
30-39	$369	$425	$410	$472
40-49	$449	$516	$498	$573
50-59	$534	$614	$593	$682
60-64	$630	$724	$699	$804
65+	$743	$855	$826	$950

Plan 5000: $5,000 deductible

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$273	$313	$303	$348
30-39	$317	$364	$352	$404
40-49	$384	$442	$427	$491
50-59	$457	$526	$508	$584
60-64	$539	$620	$599	$689
65+	$637	$732	$708	$814

Note-

1) All benefit plans above subject to 6 months pre-existing conditions waiting period and 12 month waiting period for maternity coverage.
2) You are eligible for AccessTN or TennCare Portability over the age of 64 ONLY if you are NOT eligible for Medicare.
3) AccessTN is not a Medicare supplement policy.

To determine your monthly premium, first find your height and weight on the chart below.

Next, go to the table for the benefit plan you have picked and find the row for your age group.

Then move across the row for your age to find the column that fits you:

- If your weight is equal to or less than what is listed in the chart, use the "Target Weight or Below" columns. If your weight is more than what is listed in the chart, use the "Above Target Weight" side.
- Finally, are you a tobacco user (cigarettes, chewing tobacco, pipe or cigars) or not?

This will be the monthly premium for your beginning coverage.

Defining Target Weight at BMI of 30	
Height	**Target Weight**
4' 10"	142
4' 11"	147
5' 0"	152
5' 1"	157
5' 2"	163
5' 3"	168
5' 4"	173
5' 5"	179
5' 6"	185
5' 7"	190
5' 8"	196
5' 9"	202
5' 10"	208
5' 11"	214
6' 0"	220
6' 1"	226
6' 2"	232
6' 3"	239
6' 4"	245
6' 5"	252

Premium assistance for regular AccessTN eligibility category
Plan 1000

Income Guidelines for Premium Assistance based on 2007 Federal Poverty Level

Persons in Household	Incomes up to 100% FPL	Incomes up to 150% FPL	Incomes up to 200% FPL	Incomes up to 250% FPL
1	$10,210	$15,315	$20,420	$25,525
2	$13,690	$20,535	$27,380	$34,225
3	$17,170	$25,755	$34,340	$42,925
4	$20,650	$30,975	$41,300	$51,625
5	$24,130	$36,195	$48,260	Up to $60,000
6	$27,610	$41,415	$55,220	Up to $60,000
7	$31,090	$46,635	Up to $60,000	Up to $60,000
8	$34,570	$51,855	Up to $60,000	Up to $60,000
Premium Assistance pays	75% of premium for non-tobacco, target weight or below	70% of premium for non-tobacco, target weight or below	50% of premium for non-tobacco, target weight or below	30% of premium for non-tobacco, target weight or below
Applicant Would Pay	According to table below for **75% Level of Premium Assistance**	According to table below for **70% Level of Premium Assistance**	According to table below for **50% Level of Premium Assistance**	According to table below for **30% Level of Premium Assistance**

75% Level of Premium Assistance - Applicant Pays

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$97	$155	$140	$204
30-39	$113	$180	$163	$237
40-49	$137	$219	$198	$289
50-59	$162	$260	$235	$343
60-64	$192	$307	$277	$405
65+	$226	$362	$327	$478

70% Level of Premium Assistance - Applicant Pays

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$116	$174	$159	$223
30-39	$135	$202	$185	$259
40-49	$164	$246	$225	$316
50-59	$195	$293	$268	$376
60-64	$230	$345	$315	$443
65+	$271	$407	$372	$523

50% Level of Premium Assistance - Applicant Pays

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$194	$252	$237	$301
30-39	$225	$292	$275	$349
40-49	$273	$355	$334	$425
50-59	$325	$423	$398	$506
60-64	$383	$498	$468	$596
65+	$452	$588	$553	$704

30% Level of Premium Assistance - Applicant Pays

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$271	$329	$314	$378
30-39	$315	$382	$365	$439
40-49	$382	$464	$443	$534
50-59	$454	$552	$527	$635
60-64	$536	$651	$621	$749
65+	$633	$769	$734	$885

Premiums for the TennCare Portability eligibility category

Plan 1000: $1,000 deductible

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$468	$539	$520	$598
30-39	$543	$624	$604	$695
40-49	$660	$759	$733	$843
50-59	$786	$904	$873	$1,004
60-64	$928	$1,067	$1,031	$1,185
65+	$1,094	$1,259	$1,216	$1,398

Plan 2500: $2,500 deductible (HSA eligible)

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$385	$443	$427	$491
30-39	$446	$513	$496	$571
40-49	$542	$624	$603	$693
50-59	$646	$743	$718	$825
60-64	$762	$877	$847	$974
65+	$899	$1,034	$999	$1,149

Plan 5000: $5,000 deductible

	Target Weight or Below		Above Target Weight	
Age	**Non Tobacco User**	**Tobacco User**	**Non Tobacco User**	**Tobacco User**
<30	$330	$379	$366	$421
30-39	$382	$440	$425	$489
40-49	$465	$534	$516	$593
50-59	$553	$636	$615	$707
60-64	$653	$751	$726	$835
65+	$771	$886	$856	$984

Note-

1) Benefit plans above are NOT subject pre-existing conditions waiting period but are subject to 12 month waiting period for maternity coverage.
2) You are eligible for AccessTN or TennCare Portability over the age of 64 ONLY if you are NOT eligible for Medicare.
3) AccessTN is not a Medicare supplement policy.

To determine your monthly premium, first find your height and weight on the chart below.

Next, go to the table for the benefit plan you have picked and find the row for your age group.

Then move across the row for your age to find the column that fits you:

- If your weight is equal to or less than what is listed in the chart, use the "Target Weight or Below" columns. If your weight is more than what is listed in the chart, use the "Above Target Weight" side.

- Finally, are you a tobacco user (cigarettes, chewing tobacco, pipe or cigars) or not?

This will be the monthly premium for your beginning coverage.

Defining Target Weight at BMI of 30	
Height	**Target Weight**
4' 10"	142
4' 11"	147
5' 0"	152
5' 1"	157
5' 2"	163
5' 3"	168
5' 4"	173
5' 5"	179
5' 6"	185
5' 7"	190
5' 8"	196
5' 9"	202
5' 10"	208
5' 11"	214
6' 0"	220
6' 1"	226
6' 2"	232
6' 3"	239
6' 4"	245
6' 5"	252

Premium Assistance the TennCare Portability eligibility category Plan 1000

Income Guidelines for Premium Assistance based on 2007 Federal Poverty Level

Persons in Household	Incomes up to 100% FPL	Incomes up to 150% FPL	Incomes up to 200% FPL	Incomes up to 250% FPL
1	$10,210	$15,315	$20,420	$25,525
2	$13,690	$20,535	$27,380	$34,225
3	$17,170	$25,755	$34,340	$42,925
4	$20,650	$30,975	$41,300	$51,625
5	$24,130	$36,195	$48,260	Up to $60,000
6	$27,610	$41,415	$55,220	Up to $60,000
7	$31,090	$46,635	Up to $60,000	Up to $60,000
8	$34,570	$51,855	Up to $60,000	Up to $60,000
Premium Assistance pays	75% of premium for non-tobacco, target weight or below	70% of premium for non-tobacco, target weight or below	50% of premium for non-tobacco, target weight or below	30% of premium for non-tobacco, target weight or below
Applicant Would Pay	According to table below for **75% Level of Premium Assistance**	According to table below for **70% Level of Premium Assistance**	According to table below for **50% Level of Premium Assistance**	According to table below for **30% Level of Premium Assistance**

75% Level of Premium Assistance - Applicant Pays

	Target Weight or Below		Above Target Weight	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco
Age	User	User	User	User
<30	$117	$188	$169	$247
30-39	$136	$217	$197	$288
40-49	$165	$264	$238	$348
50-59	$197	$315	$284	$415
60-64	$232	$371	$335	$489
65+	$274	$439	$396	$578

70% Level of Premium Assistance - Applicant Pays

	Target Weight or Below		Above Target Weight	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco
Age	User	User	User	User
<30	$140	$211	$192	$270
30-39	$163	$244	$224	$315
40-49	$198	$297	$271	$381
50-59	$236	$354	$323	$454
60-64	$278	$417	$381	$535
65+	$328	$493	$450	$632

50% Level of Premium Assistance - Applicant Pays

	Target Weight or Below		Above Target Weight	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco
Age	User	User	User	User
<30	$234	$305	$286	$364
30-39	$272	$353	$333	$424
40-49	$330	$429	$403	$513
50-59	$393	$511	$480	$611
60-64	$464	$603	$567	$721
65+	$547	$712	$669	$851

30% Level of Premium Assistance - Applicant Pays

	Target Weight or Below		Above Target Weight	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco
Age	User	User	User	User
<30	$328	$399	$380	$458
30-39	$380	$461	$441	$532
40-49	$462	$561	$535	$645
50-59	$550	$668	$637	$768
60-64	$650	$789	$753	$907
65+	$766	$931	$888	$1,070

Some insurance terms we've used (see your Plan Document for more complete information):

"Board" means the AccessTN Board of Directors, the body that the Tennessee State Legislature has made responsible for setting the rules, benefit plans, and premiums for AccessTN.

"Care Management" is all the activities the Plan does to coordinate your health care with you and your medical providers. Sometimes called "case management" or "utilization review" for medical events like going into a hospital, most of these services are done by the Plan Administrator's medical and nursing staff.

"Claims" are the requests for payment sent to AccessTN by doctors and other medical providers for health care they provide to you. We will only pay for "covered services." Payment to network providers is based on fees they have agreed to accept from the Plan.

"Co-insurance" is the portion of the claim you are responsible to pay, usually a percentage, such as 20%. This is listed in your benefit plan. It is sometimes called a "co-payment" if the member pays a set dollar amount, like $20.

"Deductible," such as $1000 or $5000, is the dollar amount a member must pay before the Plan starts paying for covered services. Some services, such as covered prescription medicines, are not subject to the deductible for Plans 1000 and 5000.

"Disease management" is a targeted type of care management to assist you caring for specific medical conditions like diabetes or asthma.

"HIPAA" is the Health Insurance Portability Accountability Act of 1996, which has many rules affecting privacy of personal information and which govern pre-existing conditions provisions of health insurance policies. As we use it with the "TennCare Portability" eligibility category, a HIPAA plan is a certain type of individual health insurance policy for which you can't be turned down if you apply for it in less than 63 days after losing certain other coverage.

"Maximum allowed charge" (MAC) is a set dollar fee that network providers agree to accept in full payment of a covered service they provide to you.

"Medical Underwriting" is an insurance term referring to a requirement of a medical background check to qualify for health coverage. We will do this for those who request it and who pay the $75.00 nonrefundable fee.

"Out-of-pocket maximum" is the maximum amount of your share (deductibles, co-insurance, and co-payments) of claims on covered services in a benefit plan before the Plan starts paying 100% of claims for certain benefits.

"Plan Administrator" is the company that has been selected to administer the daily operation of AccessTN, including enrollment, customer service eligibility verification, claims payment, and care management. BlueCross and Blue Shield of Tennessee, Inc. will be serving as Plan Administrator for AccessTN.

"Plan Document" is the formal description which controls plan benefits, policies and definitions, as approved by the AccessTN Board of Directors.

"Pre-authorization" refers to a Plan rule that certain services, such as hospitalization or surgery, must be pre-approved by the Plan to be fully covered.

"Pre-existing conditions" are those for which you received or had reason to receive medical care or treatment during a six-month period immediately before you enrolled in AccessTN.

"Resident" means a person who is legally domiciled in Tennessee (makes his or her home here). One can be staying in several places, but you can only have one domicile, or legal residence. We ask for 2 forms of proof.

"Network" refers to all the health providers who are contracted with the Plan. Non-contracted providers are referred to as "out-of-network."

"Waiting period" is a set period of time you must wait before a benefit plan pays for services for a particular condition, such as maternity, or a pre-existing condition.